

ISSUE STAMP/FILE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SC		2-3-94
O.I.P.E. CLASSIFIER		10	2-5-99
FORMALITY REVIEW	MM xx	21423 21423	2-12-99 6-21-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here